

# Liquid Filling Systems Questionnaire

Please complete this form with as much detail as possible and return to:

**Rice Lake Weighing Systems**  
**230 West Coleman Street**  
**Rice Lake, WI 54868**  
**www.ricelake.com**

**RLWS Contact:** \_\_\_\_\_  
**Phone: 715-234-9171**  
**Fax: 715-234-6967**  
**E-mail: sales@ricelake.com**

Detailed offer       Budget price      Date: \_\_\_\_\_

Name: \_\_\_\_\_ Delivery address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Direct line: \_\_\_\_\_ Department: \_\_\_\_\_

Buyer: \_\_\_\_\_ Direct line: \_\_\_\_\_

Fax: \_\_\_\_\_

Project name: \_\_\_\_\_ Date due: \_\_\_\_\_

Language: \_\_\_\_\_

Present filling method?					
1. Product	A	B	C	D	E
Name of product					
Density (lb/ft) Specific gravity					
Temperature (°F)					
Viscosity (cp)					
Foaming?					
Toxic?					
Inflammable? flash point (°F)					
Caustic pH-index					
Generation of gas?					
Hardening? freezing point (°F)					
Sticky?					
Solid content? Size (micron)					
Wetted parts made of?					
Seals made of?					
How often is the product changed over?					
Comments:					

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2. Container	A	B	C	D	E
Type					
Container volume (gal)					
Net filling weight (lb)					
Dead weight tare (lb)					
Container material					
Base Ø (in) (in x in)					
Height (in)					
Inner Ø of opening (in)					
Position of opening					
Sealing rim Ø (in)					
Sample					
Drawing Number					
Output (pcs./h)					
How often is the container changed?					
Other?					
Container shape (sketch) - please mention also type and position of the handle					

A	B	C	D	E
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3. Closure/Lid	A	B	C	D	E
Type					
Material					
Thread or diameter					
Stackable?					
Torque (lb-ft) pressing force (lbs)					
Sample					
Drawing Number					
Type and brand of closures or attach a drawing					

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4. Label	A	B	C	D	E
Type of printer					
Self-adhesive?					
Size (in x in)					
Arrangement					
Sample					
Comments:					

5. Pallet	P1	P2	P3	P4	P5
Type					
Length (in)					
Width (in)					
Height (in)					
Weight (lbs)					
Sample					
Drawing No.					
Kind of pallets (2-way or 4-way)					
Comments:					

6. Arrangement of containers on pallet				
Arrangement	S1	S2	S3	S4
Container / pallet	/P	/P	/P	/P
Arrangement of containers per pallet per layer				
Number of layers per pallet				
Comments:				

7. Product feed method to the filling valve				
Pump	<input type="checkbox"/> Available	<input type="checkbox"/> Please quote with filler		
Bypass	<input type="checkbox"/> Available	<input type="checkbox"/> Please quote with filler		
Bypass regulation	<input type="checkbox"/> Available	<input type="checkbox"/> Please quote with filler		
Available pump capacity (gpm)	Flow rate at filling station/filling valve (gpm)			
Type of pump	<input type="checkbox"/> Positive displacement <input type="checkbox"/> Centrifugal <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other	Pump speed	<input type="checkbox"/> Single <input type="checkbox"/> Two speed <input type="checkbox"/> Controlled by VFD	
Gravity Feed	Height of supply: min=	ft.	max=	ft.
			diam. of feed:	in
Comments:				

Questionnaires

